

# SVTC Annual Plan

FY 2009

---

## Goal 1 Enrich the Quality of Life for Individuals

**Objective 1 Increase percent of individuals' IHPs that are focused, integrated and measurable to 80%** Quality of Life QSC

### Strategies

- |  |  |
|--|--|
| 1 Enable performance management of ID teams by providing (1) data on quality of IHPs to Department Heads and (2) other supports as needed by 6/30/2009 | Utilization Review Committee             |
| 2 Create Program Director/URC member teams to improve IHP quality by 9/30/2008   | Program Directors and Utilization Review |

### Performance Indicators

- |   |                              |
|---|------------------------------|
| 1 Percent of IHPs that meet criteria for Focus        | Utilization Review Committee |
| 2 Percent of IHPs that meet criteria for Priorities   | Utilization Review Committee |
| 3 Percent of IHPs with acceptable service Integration | Utilization Review Committee |
| 4 Percent of IHPs that meet all criteria for quality  | Utilization Review Committee |

**Objective 2 Achieve verified outcomes for at least 25% of IHP priorities** Quality of Life QSC

### Strategies

- |   |                              |
|---|------------------------------|
| 1 Establish a review process that examines ID Team verification of progress towards planned outcomes (priorities) by 12/31/2008 | Utilization Review Committee |
|---|------------------------------|

### Performance Indicators

- |   |                              |
|---|------------------------------|
| 1 Percent of IHP outcomes that are measurable and result in verifiable progress | Utilization Review Committee |
|---|------------------------------|

**Objective 3 Address factors associated with abuse, neglect and exploitation of individuals** Quality of Life QSC

### Strategies

- |   |                              |
|---|------------------------------|
| 1 Ensure ongoing education of facility staff as it relates to abuse/neglect issues by 6/30/2009 | Health & Individual Supports |
|---|------------------------------|

**Objective 4 Enhance services and support structures and processes to better support individuals** Quality of Life QSC

# SVTC Annual Plan

FY 2009

---

## Strategies

- |  |   |
|--|---|
| 1 Centralize the delivery of medical/nursing services by 8/4/2008  | Health & Individual Supports                      |
| 2 Complete design of QMRP monthly audit system and identify date by which computerized system will be operational by 6/30/2009 | Person-Centered Supports and Information Services |
| 3 Complete the individual assessments and installation of new shoulder harnesses for wheel chair transports by 10/1/2008       | Transportation                                    |
| 4 Complete planning and implement enhanced behavioral support unit by 12/31/2008   | Executive Steering Committee                      |

## Performance Indicators

- |  |                                |
|--|--------------------------------|
| 1 Number of bed-days provided to clients in the 6 community beds | Director, Residential Supports |
|--|--------------------------------|

**Objective 5    Monitor census and community placement indicators    Quality of Life QSC**

## Performance Indicators

- |   |                                     |
|---|-------------------------------------|
| 1 Census as of the first day of the month                                       | Director, Information Services      |
| 2 Number of new admissions during the month                                     | Director, Community/Social Services |
| 3 Number of permanent admissions  | Director, Community/Social Services |
| 4 Number of discharges during the month   | Director, Community/Social Services |
| 5 Number of clients discharged to Waiver slots                                  | Director, Community/Social Services |
| 6 Total number of clients determined to be discharge ready                      | Utilization Review Committee        |
| 7 Number of clients without authorized rep/Guardian                             | Director, Community/Social Services |
| 8 Number of discharge-ready clients for whom there is an objection to discharge | Director, Community/Social Services |

**Objective 6    Monitor clinical services to individuals    Quality of Life QSC**

# SVTC Annual Plan

FY 2009

---

## Performance Indicators

- |   |   |                                    |
|---|---|------------------------------------|
| 1 | Percent of areas receiving a passing/acceptable grade on the area monitoring form   | Program Directors & Service Chiefs |
| 2 | Percent reliability of behavioral data  | H&IS Dept. Heads                   |
| 3 | Percent of emergency restraints (out of 100% sample) in full compliance with policy | Psychology Supervisor              |
| 4 | Number of isolated time-out incidents   | Psychology Supervisor              |
| 5 | Number of mechanical restraint applications   | Psychology Supervisor              |

### **Objective 7    Monitor systems that promote individuals' health**

Quality of Life QSC

## Performance Indicators

- |    |  |                                      |
|----|--|--------------------------------------|
| 1  | Number and rate of infections  | Infection Control Nurse              |
| 2  | Number of medication errors per client                                 | Nursing Services                     |
| 3  | Number of fractures  | H&IS Dept. Heads                     |
| 4  | Number of falls  | H&IS Dept. Heads                     |
| 5  | Number of clients on 9 or more medications                             | Director, Medical/Physician Services |
| 6  | Number of clients with fecal impaction                                 | Nursing Executive Committee          |
| 7  | Number of urinary tract infections                                     | Infection Control Nurse              |
| 8  | Number of clients diagnosed with severe dehydration                    | Nursing Executive Committee          |
| 9  | Number of clients with psychiatric diagnosis that receive polypharmacy | Director, Medical/Physician Services |
| 10 | Number of clients diagnosed with new pressure ulcers per Stage (1-4)   | H&IS Dept. Heads                     |
| 11 | Number of clients above desired body weight                            | Nursing Executive Committee          |
| 12 | Number of clients below desired body weight                            | Nursing Executive Committee          |

# SVTC Annual Plan

FY 2009

---

13	Number of special hospitalizations during the month	Nursing Executive Committee
14	Rate of client incidents per 1000 patient days	H&IS Dept. Heads
<b>Objective 8</b>	<b>Monitor quality of CRS documentation</b>	Quality of Life QSC

## Performance Indicators

1	Number of repeat CRS deficiencies	H&IS & Dietary Dept. Heads
2	Percent of IHP's filed in CRS by deadline	H&IS Dept. Heads
3	Percent of staffing reports submitted on time	H&IS & Dietary Dept. Heads

# SVTC Annual Plan

FY 2009

---

## Goal 2 Develop the Workforce and Enrich SVTC Employees' well being

### Objective 1 Enhance strategies to improve workforce performance Workforce QSC

#### Strategies

- |   |                             |
|---|-----------------------------|
| 1 Identify manager needs for training information by 9/30/2008        | Training Advisory Committee |
| 2 Complete MVP training for all supervisors and managers by 8/31/2009 | Training Advisory Committee |

#### Performance Indicators

- |  |                              |
|--|------------------------------|
| 1 Percent of mandated training up-to-date  | Dept. Heads                  |
| 2 Number of Process Improvement Nominations submitted  | Workforce QSC                |
| 3 Percent of current supervisors/managers that have received at least 3 hours of supervisory/management training during the fiscal year. | Dept. Heads                  |
| 4 Percent of DSA's who have completed 15 College of Direct Support core modules  | Staff Training & Development |
| 5 Percent of managers and supervisors trained in Managing Virginia Program   | Staff Training & Development |

### Objective 2 Enhance strategies to improve employee satisfaction Workforce QSC

#### Strategies

- |  |                     |
|--|---------------------|
| 1 Charter a Quality Improvement Team to find ways to mitigate the burden of gasoline costs on employees by 8/31/2008 | Environment of Care |
|--|---------------------|

#### Performance Indicators

- |   |                         |
|---|-------------------------|
| 1 Number of awards given via Recognition Program                | Dept. Heads             |
| 2 Percent of workforce participating in Commonhealth activities | Infection Control Nurse |

### Objective 3 Reduce vacancies for hard-to-fill clinical positions by 20% of baseline number by June 30, 2008 Workforce QSC

#### Strategies

- |   |                 |
|---|-----------------|
| 1 Document the process for recruiting hard-to-fill clinical positions by 10/31/2008 | Human Resources |
|---|-----------------|

#### Performance Indicators

# SVTC Annual Plan

FY 2009

---

1	Number of hard-to-fill positions filled during the quarter	Employee Services Manager
2	Number of hard-to-fill position vacancies	Compensation & Employment Manager
<b>Objective 4</b>	<b>Design an Objective with input from the Values Assessment Committee by September 30, 2008</b>	<b>Workforce QSC</b>
	<u>Strategies</u>	
2	Develop strategies to improve the workplace environment as a follow-up to the Values Report by 12/31/2008	Executive Steering Committee
<b>Objective 5</b>	<b>Develop a succession plan by 10/31/09</b>	<b>Workforce QSC</b>
	<u>Strategies</u>	
1	Determine broad parameters that a succession plan should address by 11/30/2008	Human Resources
<b>Objective 6</b>	<b>Maintain mandatory unscheduled overtime at less than 100 hours per month</b>	<b>Executive Steering Committee</b>
	<u>Strategies</u>	
1	Identify strategies designed to reduce all overtime as well as eliminate unscheduled mandatory overtime by 7/1/2009	Health & Individual Supports
	<u>Performance Indicators</u>	
1	Number of scheduled, non-voluntary overtime hours worked by DSAs	Directors, Residential & Program Services
2	Number of voluntary overtime hours for DSA's during the month	Directors, Residential & Program Services
3	Number of mandatory overtime hours for DSA's for the month	Directors, Residential & Program Services
4	Number of scheduled, non-voluntary overtime hours worked by LPNs	Director, Nursing Services
5	Number of voluntary overtime hours for LPN, PPN and CNA's during the month	Director, Nursing Services
6	Number of mandatory overtime hours for LPN, PPN and CNA's for the month	Director, Nursing Services

# SVTC Annual Plan

FY 2009

- 
- |   |   |                            |
|---|---|----------------------------|
| 7 | Number of scheduled, non-voluntary overtime hours worked by RNs | Director, Nursing Services |
| 8 | Number of voluntary overtime hours for RN's during the month    | Director, Nursing Services |
| 9 | Number of mandatory overtime hours for RN's for the month       | Director, Nursing Services |

**Objective 7    Monitor workplace safety indicators**

**Workforce QSC**

Performance Indicators

- |   |   |   |
|---|---|---|
| 1 | Cost of workers' compensation claims                      | ESC                                       |
| 2 | Number of PPDs out of compliance                          | Infection Control Nurse                   |
| 3 | Number of injuries to DSA's during the month              | Directors, Residential & Program Supports |
| 4 | Number of injuries to LPN, PPN and CNa's during the month | Director, Nursing Services                |
| 5 | Number of injuries to RN's during the month               | Director, Nursing Services                |

**Objective 8    Monitor recruitment and retention indicators**

**Workforce QSC**

Performance Indicators

- |   |  |                                      |
|---|--|--------------------------------------|
| 1 | Percent of funded positions filled   | Compensation & Employment Manager    |
| 2 | Percent staff turnover   | Dept. Heads                          |
| 3 | Percent of Living Areas staffed at DOJ level   | ESC                                  |
| 4 | Number of Direct care nursing position (CNa,PPN,LPN) vacancies on the first day of the month | Director, Nursing Services           |
| 5 | Number of RN position vacancies on the first day of the month                                | Director, Nursing Services           |
| 6 | Number of Physician position vacancies on the first day of the month                         | Director, Medical/Physician Services |
| 7 | Number of remaining clinical staff position vacancies on the first day of the month          | Chief, Health & Individual Supports  |
| 8 | Number of administrative staff position vacancies on the first day of the month              | Director, Administrative Services    |

# SVTC Annual Plan

FY 2009

---

9	Number of Direct care nursing position (Can's,PPN,LPN) New Hires during the month	Employee Services Manager
10	Number of RN position New Hires during the month	Employee Services Manager
11	Number of Physician position New Hires during the month	Employee Services Manager
12	Number of clinical staff position New Hires during the month	Employee Services Manager
13	Number of administrative staff position New Hires during the month	Employee Services Manager
14	Number of Direct care nursing position (Can,PPN,LPN) Separations from Service during the month	Director, Nursing Services
15	Number of RN position Separations from Service during the month	Director, Nursing Services
16	Number of Physician position Separations from Service during the month	Director, Medical/Physician Services
17	Number of clinical staff position Separations from Service during the month	Chief, Health & Individual Supports
18	Number of administrative staff position Separations from Service during the month	Director, Administrative Services
20	Number of DSA position vacancies on the first day of the month	Directors, Residential & Program Services
21	Number of DSA position New Hires during the month	Employee Services Manager
22	Number of DSA position Separations from Service during the month	Directors, Residential & Program Services
23	Number of DSA II applications received	Employee Services Manager
24	Number of DSA II vacancies as of start of new-hire class	Employee Services Manager



# SVTC Annual Plan

FY 2009

---

## Goal 3 Maintain Financial Stability

### Objective 1 Achieve on-schedule status for 80% of application development projects on a quarterly basis

Financial Stability QSC

#### Strategies

- |   |   |                        |
|---|---|------------------------|
| 1 | Establish review processes for (1) identifying needed applications and (2) prioritizing identified needs by 9/30/2008 | Software Advisory Team |
| 2 | Develop process for managing intranet improvements by 10/31/2008  | Software Advisory Team |
| 3 | Develop a strategic IT plan by 2/28/2009  | Information Services   |

#### Performance Indicators

- |   |  |   |
|---|--|---|
| 1 | Number of development projects approved    | ESC                                     |
| 2 | Number of development projects completed   | Director, Software Development Services |
| 3 | Number of application projects on schedule | Director, Software Development Services |

### Objective 2 Complete major construction and safeguarding projects by August 31, 2008

Financial Stability QSC

#### Strategies

- |   |  |                             |
|---|--|-----------------------------|
| 1 | Complete Health Central by 8/4/2008  | Space Utilization Committee |
| 2 | Create a simple, concise, high-profile description of a communication system and communicate that system to all staff by 8/31/2008 | Administrative Services     |

### Objective 3 Meet or exceed DOA requirements for direct deposit and other mandates

Financial Stability QSC

#### Strategies

- |   |   |                    |
|---|---|--------------------|
| 1 | Establish a campus joint instruction that mandates direct deposit for all staff by 10/31/2008 | Financial Services |
|---|---|--------------------|

# SVTC Annual Plan

FY 2009

- 
- |   |  |                    |
|---|--|--------------------|
| 2 | Develop a plan that outlines actions required to comply with State policy changes whereby all employees who have access to state –issued computers and internet access will be required to use Payline and opt out of printed earnings notices.<br>Develop plan by 10/1/2008 | Financial Services |
|---|--|--------------------|

## Performance Indicators

- |   |   |                    |
|---|---|--------------------|
| 1 | Percent of classified staff using Direct Deposit            | ESC                |
| 2 | Percent of wage staff using Direct Deposit                  | ESC                |
| 3 | Percent of classified staff declining paycheck stub         | ESC                |
| 4 | Number of travel checks written in lieu of EDI              | Dept. Heads        |
| 5 | Prompt Payment: Percent of invoices paid on time per agency | Financial Services |

<b>Objective 4</b>	<b>Monitor fiscal year budget conditions on a monthly basis to ensure facility expends within appropriation</b>	Financial Stability QSC
--------------------	---	-------------------------

## Strategies

- |   |  |                              |
|---|--|------------------------------|
| 1 | Review budget on a monthly basis at ESC meeting by 6/30/2009   | Financial Services           |
| 2 | Establish MOU for services provided by HWDMC to the campus by 8/31/2008  | Administrative Services      |
| 3 | Define SVTC leadership responsibilities with respect to HWDMC in accordance with “merger” requirements established in the Governor’s FY 2008 Budget Reduction Plan by 10/31/2008 | Executive Steering Committee |

## Performance Indicators

- |   |  |     |
|---|--|-----|
| 1 | Bottom line budget status for SVTC considering known facts, projections and estimates  | ESC |
| 2 | Bottom line budget status for HWDMC considering known facts, projections and estimates | ESC |

<b>Objective 5</b>	<b>Achieve 95% of individual customer satisfaction and support process targets on a quarterly basis</b>	Financial Stability QSC
--------------------	---	-------------------------

## Performance Indicators

- |   |                               |               |
|---|-------------------------------|---------------|
| 1 | Percent meal content accuracy | Food Services |
|---|-------------------------------|---------------|

# SVTC Annual Plan

FY 2009

---

2	Percent of customers satisfied with food served	Food Services
3	Percent snack content accuracy	Food Services
4	Percent of customer satisfaction with quality of Housekeeping and Laundry	Housekeeping/Laundry Services
5	Percent of quality sanitation maintained in serviced areas	Housekeeping/Laundry Services
6	Percent of preventive maintenance work orders completed within 14 days	Physical Plant Services
7	Percent of corrective maintenance work orders completed within 7 days	Physical Plant Services
8	Percent of initial, daily pick-ups made in support of program requirements	Transportation Services
9	Cumulative number of external audits	ESC
10	Percent compliance for HIPAA audits	Dept. Heads
11	Number of HIPAA complaints	Dept. Heads
<b>Objective 6</b>	<b>Hold monthly discussions in the Managers' Forum addressing Department initiatives</b>	<b>Financial Stability QSC</b>
<u>Strategies</u>		
1	Establish a standard agenda and responsibilities for the Managers' Forum by 11/30/2008	Executive Steering Committee
<b>Objective 7</b>	<b>Reduce annual energy consumption by percentage figure to be determined</b>	<b>Executive Steering Committee</b>
<u>Strategies</u>		
1	Review and discuss energy usage at the Managers' Forum each quarter by 9/30/2008	Environment of Care
<b>Objective 8</b>	<b>Expend all RCSC-allotted funds on creation of structure/resources and provision of services by end of fiscal year</b>	<b>Executive Steering Committee</b>

# SVTC Annual Plan

FY 2009

---

## Performance Indicators

- |   |  |                  |
|---|--|------------------|
| 1 | Quantity and types of community services provided  | RCSC Coordinator |
| 2 | Number of requests for RCSC services not fulfilled | RCSC Coordinator |
| 3 | Dollar value of RCSC services provided             | RCSC Coordinator |

# SVTC Annual Plan

FY 2009

---

## Goal 4 Move SVTC towards a Person-Centered Culture

**Objective 1 Senior leaders establish, communicate and lead a person-centered philosophy for SVTC**

People First Team

### Strategies

- |   |                              |
|---|------------------------------|
| 1 Circulate a Director's Message via DVD to all staff to communicate a person-centered philosophy that is compatible with PCP as described in the MR System Study by 10/31/2008 | Facility Director            |
| 2 Implement a mechanism to bring together departmental person-centered initiatives by 9/30/2008   | PCP Coordinator              |
| 3 Initiate quarterly interactive PCP forums between ESC and employees by 1/1/2009   | Executive Steering Committee |
| 4 Senior managers (DHs) will become more actively involved with individuals' social events. The Facility Director will communicate expectations to senior managers by 7/15/2008 | Facility Director            |
| 5 Identify recognition processes (spot awards, etc.) focusing on PCP efforts as a way of "catching employees being good" by 10/1/2008   | PCP Coordinator              |

**Objective 2 Engage staff in the pursuit of PCP through education and training, planning and quality improvement processes**

People First Team

### Strategies

- |  |                              |
|--|------------------------------|
| 1 Assess results from departments' PCP requirement and make adjustments to improve outcomes by 9/30/2008 | Executive Steering Committee |
|--|------------------------------|

**Objective 3 Identify and address barriers to empowerment of individuals supported and staff**

People First Team

### Strategies

- |   |                              |
|---|------------------------------|
| 1 Senior leaders will propose to Central Office specific changes in how adverse outcomes emerging from person-centered activities are investigated and follow-up actions taken in order to create an environment of responsible risk-taking by 11/30/2008 | Executive Steering Committee |
|---|------------------------------|

# SVTC Annual Plan

FY 2009

---

2	Identify at least three barriers to risk-taking-to-achieve-person-centeredness and make recommendations necessary to promote new experiences while managing risk by 3/31/2009	People First Team
---	---	-------------------

3	Review and act on recommendations to promote new experiences while managing risk by 6/30/2009	Executive Steering Committee
---	---	------------------------------

<b>Objective 4</b>	<b>Update and enhance training and other existing processes to reflect PCP</b>	People First Team
--------------------	--	-------------------

Strategies

1	Provide person-centered orientation to all staff through the People First Team by 10/31/2008	People First Team
---	--	-------------------

<b>Objective 5</b>	<b>Create expectations, training, support, oversight and evaluation of "hands-on" PCP approaches</b>	People First Team
--------------------	--	-------------------

Strategies

1	Develop interactive/hands-on training to include personal contact issues (talking, towing, inviting, etc), test with multiple trainees/areas/shifts, assess effectiveness, make needed improvements and implement final product by 12/31/2009	Staff Training & Development
2	Modify existing competency checkoffs to incorporate PCP-related skills by 11/30/2008	Quality Manager
3	Modify current system for active treatment observations to incorporate hands on PCP items by 10/31/2008	Quality Manager
4	Identify at least 3 processes needed for delivering supports to individuals (examples--trips, food requests for trips, requests for money) and initiate streamlining of processes by 10/31/2008	People First Team
5	Initiate development of a tool for assessing risk in order to empower and support staff so that they can appropriately support individuals that live at SVTC by 7/31/2008	Risk Manager
6	Develop a training protocol for use with individuals involved in preparing snacks or other food by 10/31/2008	Dietary

Performance Indicators

1	Number of staff receiving training in person-centered practices	Dept. Heads
---	---	-------------

# SVTC Annual Plan

FY 2009

---

<b>Objective 6</b>	<b>Enhance opportunities for individuals to build relationships in the community</b>	<b>People First Team</b>
--------------------	--	--------------------------

Strategies

- |   |   |                 |
|---|---|-----------------|
| 1 | Host 2 "Open House" events for community organizations to meet and interact with individuals by 12/31/2008  | PCP Coordinator |
| 2 | Contact community organizations and explore individual membership options focusing on retirement, socialization, and volunteerism by 7/31/2008 (Done) | PCP Coordinator |
| 3 | Implement community outreach program to raise awareness and tolerance by 12/31/2008   | PCP Coordinator |
| 4 | Explore feasibility of opening community bank accounts for individuals by 12/31/2008  | PCP Coordinator |

Performance Indicators

- |   |   |                 |
|---|---|-----------------|
| 1 | Number of organizations that participate in "Open House" events                 | PCP Coordinator |
| 2 | Number of individuals who participate in organizational events in the community | PCP Coordinator |
| 3 | Number of community informational sessions conducted per quarter                | PCP Coordinator |

<b>Objective 7</b>	<b>Individual employment in the community will increase by at least 20% by 7/31/09</b>	<b>People First Team</b>
--------------------	--	--------------------------

Strategies

- |   |   |                  |
|---|---|------------------|
| 1 | Enhance public relations plan to increase work opportunities in the community for individuals by 10/31/2008 | Business Manager |
|---|---|------------------|

Performance Indicators

- |   |  |                                   |
|---|--|-----------------------------------|
| 1 | Percent of individuals employed in the community | Person-Centered Supports Director |
|---|--|-----------------------------------|

<b>Objective 8</b>	<b>Achieve regular attendance to religious services for at least 15% of individuals by 7/31/09</b>	<b>People First Team</b>
--------------------	--	--------------------------

Strategies

- |   |  |                    |
|---|--|--------------------|
| 1 | Provide opportunities for religious services to be held in campus chapel (or in community) representative of each identified individual religious affiliation at least semi-annually by 12/31/2008 | Religious Supports |
|---|--|--------------------|

# SVTC Annual Plan

FY 2009

- 
- |   |   |                                |
|---|---|--------------------------------|
| 2 | Ensure ongoing support for individual attendance to religious services in the community at least quarterly by 7/31/2009 | Director, Residential Supports |
|---|---|--------------------------------|

## Performance Indicators

- |   |  |                    |
|---|--|--------------------|
| 1 | Percent of individuals who attend community religious services quarterly | Religious Supports |
|---|--|--------------------|

## **Objective 9    Incorporate supports that increase individuals' participation in community integration**

**People First Team**

## Strategies

- |   |   |   |
|---|---|---|
| 1 | Ensure individuals that desire to vote receive voting training, register to vote and visit polls as desired once per year by 7/31/2009  | Director, Person-Centered Supports          |
| 2 | Expand supports for individuals to spend personal funds in the community by 7/31/2009   | Directors, Residential Supports and Person- |
| 3 | Expand supports for individuals' use of public transportation to various locations in community by 7/31/2009  | Directors, Residential Supports and Person- |
| 4 | Require all IHPs have one or more formal community integration supports by 7/31/2009  | Director, Person-Centered Supports          |
| 5 | Identify several positions whose primary responsibility is to support individuals on community outings. Formulate vision, mission and work requirements for group by 12/31/2008 | Executive Steering Committee                |
| 6 | Develop guidelines for partnerships between home and support areas to manage and increase individual and small group community activities by 12/31/2008                         | Directors, Residential Supports and Person- |
| 7 | Increase individuals' volunteer opportunities outside of the SVTC community by 12/31/2009   | PCP Coordinator                             |
| 8 | Review need for additional transportation resources and resource management on an annual basis beginning by 2/1/2009  | Director, Transportation Dept.              |

## Performance Indicators

- |   |  |                                |
|---|--|--------------------------------|
| 1 | Number of registered individuals who visit voting polls yearly | Director, Residential Supports |
| 2 | Number of individuals who shop in the community monthly        | Director, Residential Supports |



# SVTC Annual Plan

FY 2009

- 
- |   |   |                                   |
|---|---|-----------------------------------|
| 3 | Number of individuals who are supported in the use of public transportation monthly | Director, Residential Supports    |
| 4 | Number of individuals who conducted volunteer work quarterly                        | Person-Centered Supports Director |
| 5 | Number of community outings involving 3 or fewer individuals                        | Director, Residential Supports    |

**Objective 10 Expand individuals' exposure to alternative living environments**

People First Team

Strategies

- |   |  |                                     |
|---|--|-------------------------------------|
| 1 | Afford opportunities for staff to become knowledgeable of and exposed to community living environments for individuals by 12/31/2008         | Director, Community/Social Services |
| 2 | Provide supports for individuals to visit living environments in the community to gain insight into potential community options by 7/31/2009 | Director, Community/Social Services |
| 3 | Implement retirement supports for individuals by 12/31/2008  | Director, Person-Centered Supports  |

Performance Indicators

- |   |  |                                     |
|---|--|-------------------------------------|
| 1 | Number of staff outings to alternative living environments per month | Director, Residential Supports      |
| 2 | Number of individuals visiting alternative living environments       | Director, Community/Social Services |

**Objective 11 Institute a quality improvement process to ensure ongoing assessment of results and adjustment of plans**

People First Team

Strategies

- |   |   |                                    |
|---|---|------------------------------------|
| 1 | Conduct staff self-determination survey and compare to 2007 results by 7/31/2009  | Health & Individual Supports       |
| 2 | Conduct a Level 1 assessment (individual as customer) as adopted by statewide PCP Committee with 7 individuals/families every 4-6 months beginning by 9/30/2008 | PCP Coordinator                    |
| 3 | Conduct a Level 2 assessment (ID Teams as customer) as adopted by statewide PCP Committee with 4 ID Team members every 4-6 months beginning by 9/30/2008        | Director, Person-Centered Supports |

# SVTC Annual Plan

FY 2009

- 
- |   |  |                              |
|---|--|------------------------------|
| 4 | Conduct a Level 3 assessment (SVTC as customer) as adopted by statewide PCP Committee with 3 or more high-level managers every 4-6 months beginning by 9/30/2008   | Quality Manager              |
| 5 | Revisit most recent PCP report from Inspector General and identify opportunities for new initiatives every 4-6 months beginning by 12/31/2008  | Executive Steering Committee |
| 6 | Conduct a review and analysis of PCP information and recommend (1) specific action steps using one-page form adopted by statewide PCP Committee (see p. 13 of draft 3-Level manual) and, as appropriate, (2) improvements to the SVTC Person Centered Plan for approval by Facility Director. PCP information reviewed will include results from 3-level assessments and performance indicators as well as any action plans implemented since last review. Repeat this strategy every 4-6 months by 10/31/2008 | PCP Coordinator              |
| 7 | Communicate SVTC Person Centered Plan to stakeholders by posting the plan on internal and external websites and making staff aware via (a) All Users email, (b) posting on official bulletin boards and (c) discussion at Managers' Forum and Employees Forum by 7/31/2008 (Done)  | Facility Director            |

**Objective 12 Achieve verified person-centered outcomes for at least 25% of individuals by 6/30/08** People First Team

Strategies

- |   |  |                                    |
|---|--|------------------------------------|
| 1 | Implement statewide ISP model as rolled out by DMHMRSAS by 12/31/2009  | Director, Person-Centered Supports |
| 2 | In absence of statewide ISP that addresses #3, all IHPs will reflect a personal vision statement by 1/31/2010                | Director, Person-Centered Supports |
| 3 | Teams will organize all IHP priorities by importance beginning with those based on the individual's preferences by 1/31/2010 | Director, Person-Centered Supports |
| 4 | ID teams will be educated in using individuals' strengths and preferences to identify IHP priorities by 1/31/2009            | Director, Person-Centered Supports |

Performance Indicators

- |   |  |                                   |
|---|--|-----------------------------------|
| 1 | Percent of ID Teams that follow established, outcome-based agenda for annual staffings | Person-Centered Supports Director |
|---|--|-----------------------------------|

# SVTC Annual Plan

FY 2009

- 
- 2 Percent of IHPs evaluated that reflect documented person-centered outcomes

Utilization Review Committee

## **Objective 13 Support ID Team planning and decision-making**

People First Team

### Strategies

- 1 Ensure that individuals are supported in documenting their presence at staffings beginning by 7/1/2008 (Done)
- 2 Ensure participation of families and community case managers are documented including conference calls beginning by 7/1/2008 (Done)

Director, Person-Centered Supports

Director, Person-Centered Supports

# SVTC Annual Plan

FY 2009

---

## Goal 5 Monitor Quality Assurance Indicators

### Objective 1 Monitor selected quality assurance indicators

Quality Council

#### Performance Indicators

- |   |  |                                     |
|---|--|-------------------------------------|
| 1 | Percent of areas observed as problem-free during Administrative Oversight rounds | Program Directors                   |
| 2 | Number of abuse allegations  | Chief, Health & Individual Supports |
| 3 | Number of substantiated abuse allegations  | Chief, Health & Individual Supports |

### Objective 2 Monitor Medicaid Plan of Correction

Quality Council

#### Performance Indicators

- |   |  |                                      |
|---|--|--------------------------------------|
| 1 | Number of bedrails in IHP vs. Restrictive Device database  | QMRPs                                |
| 2 | Average rating from Active Treatment observations re meeting Medicaid standards based on refined observation process | H&IS Dept. Heads                     |
| 3 | Average rating from Active Treatment observations re meeting Medicaid standards                                      | H&IS Dept. Heads                     |
| 4 | Average number of competencies demonstrated during "pretest"   | Program Directors & Service Chiefs   |
| 5 | Percent of program delivery staff currently certified as competent   | Program Directors & Service Chiefs   |
| 6 | Number of injuries, etc. reviewed by QI Nurse where appropriate LAR notification has not been documented             | Director, Medical/Physician Services |
| 7 | Reports of suspected abuse/neglect that are not communicated to the Facility Director/designee in a timely manner    | Facility Director                    |
| 8 | Reports of suspected abuse/neglect that are not communicated to the Health Dept. in a timely manner                  | Facility Director                    |
| 9 | Number of fire drill issues and follow-through   | Program Directors & Service Chiefs   |

# SVTC Annual Plan

FY 2009

---

10	Percent of IHPs that fully comply with money management requirements	Utilization Review Committee
11	Percent of IHPs that fully comply with self-administration of medication requirements	Utilization Review Committee
12	Percent of IHPs that fully comply with wandering/elopement requirements	Utilization Review Committee
13	Number of supports for individuals not delivered as required by IHP	H&IS & Dietary Dept. Heads

**Objective 3    Monitor selected Inspector General monthly indicators    Quality Council**

Performance Indicators

1	Numbers of new complaints during the month	Facility Director
2	Number of complaints originated by consumer during the month	Facility Director
3	Number of complaints originated by staff during the month	Facility Director
4	Number of complaints originated by family during the month	Facility Director
5	Number of complaints originated by the advocate during the month	Facility Director
6	Number of explained deaths during the month	Director, Medical/Physician Services
7	Number of unexplained deaths during the month	Director, Medical/Physician Services
8	Number of deaths with formal Peer Reviews conducted during the month	Director, Medical/Physician Services
9	Number of deaths reported as a Sentinel Event to JCAHO during the month	n/a
10	Number of death summaries completed during the month	Director, Medical/Physician Services
11	Number of deaths reported to the medical examiner during the month	Director, Medical/Physician Services
12	Number of police investigations conducted as a result of a death during the month	Facility Director